



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number CE11604W																								
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="padding: 2px;">In re Application of Karl E. Miller et al.</td></tr><tr><td style="padding: 2px;">Application Number 10/633,281</td><td style="padding: 2px;">Filed July 31, 2003</td></tr><tr><td colspan="2" style="padding: 2px;">For SIGNALING METHOD FOR LINE TERMINAL EQUIPMENT HEALTH AND STATUS</td></tr><tr><td style="padding: 2px;">Group Art Unit</td><td style="padding: 2px;">Examiner</td></tr></table>			In re Application of Karl E. Miller et al.		Application Number 10/633,281	Filed July 31, 2003	For SIGNALING METHOD FOR LINE TERMINAL EQUIPMENT HEALTH AND STATUS		Group Art Unit	Examiner																
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 5%;"><input checked="" type="checkbox"/></td><td style="width: 55%;">One Month (37 CFR 1.17(a)(1))</td><td style="width: 20%;">\$110.00</td><td style="width: 20%; text-align: right;">\$110.00</td></tr><tr><td><input type="checkbox"/></td><td>Two Months (37 CFR 1.17(a)(2))</td><td>\$420.00</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/></td><td>Three Months (37 CFR 1.17(a)(3))</td><td>\$950.00</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/></td><td>Four Months (37 CFR 1.17(a)(4))</td><td>\$1,480.00</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/></td><td>Five Months (37 CFR 1.17(a)(5))</td><td>\$2,010.00</td><td style="text-align: right;">\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. 502117, Motorola, Inc.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>502117, Motorola, Inc.</u> I have enclosed a duplicate copy of this sheet.</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.</p> <p><input type="checkbox"/> Attorney or agent of record:</p> <p><input checked="" type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>29,047</u></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="text-align: center;"><u>January 22, 2004</u> Date</div><div style="text-align: center;"> Signature <u>Frank J. Bogacz</u> Type or printed name</div></div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> form(s) are submitted</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p style="text-align: center; margin: 0;">CERTIFICATE OF MAILING</p><p style="margin: 0;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Va 22313-14501 on this date: January 22, 2004</p><table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%; border-bottom: 1px solid black;">Typed or printed name</td><td style="border-bottom: 1px solid black;">V. Lynn Webb</td></tr><tr><td style="width: 30%; border-bottom: 1px solid black;">Signature</td><td style="border-bottom: 1px solid black;"></td></tr></table></div>			<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$110.00	\$110.00	<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$420.00	\$	<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$950.00	\$	<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$1,480.00	\$	<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$2,010.00	\$	Typed or printed name	V. Lynn Webb	Signature	
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